

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/4/05</u>		2 Serial/Patent # <u>09/768,504</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input checked="" type="checkbox"/> Extension of Time		3/5/04 11/15/04	\$420 + 430								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input type="checkbox"/> Petition			\$								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input checked="" type="checkbox"/> other Request for oral Hearing		11/15/04	\$ 300								
		7 TOTAL AMOUNT OF REFUND		\$ 1150							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">6</td> <td style="width: 20px;">8</td> </tr> </table>			2	0	--	0	6	6	8
2	0	--	0	6	6	8					
10 REASON:											
<input type="checkbox"/> Overpayment											
<input checked="" type="checkbox"/> Duplicate Payment											
<input checked="" type="checkbox"/> No Fee Due (Explanation):											
Extension of time (submitted twice) not needed - app. already abandoned. Request for oral Hearing fee submitted twice											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-3207</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>5-4/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: